RETURN TO: Selectmen's Office Town of Ashburnham 15 Oakmont Drive Ashburnham, MA 01430



Date:
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## APPLICATION FOR BOARD, COMMISSION OR COMMITTEE APPOINTMENT

Name:	Address:
Phone: (Home) (Wo	ork) (Cell)
E-mail:	Registered Voter: (Yes or No)
How long have you been a resident of Ashburnhan	n?
Education:	
Occupation: (Firm & duties)	
Previous Elected/Appointed positions served in As	hburnham?
Have you served on any Committees/Boards in an	y other Town? (Please specify):
Please list the Committees you would like to serve	on and why:
What special talents, experiences or qualifications	do you have that would benefit the Committee: